



PROJECT ID#

Grove City Planning Commission

FINAL DEVELOPMENT PLAN APPLICATION

RECEIVED

JAN 11 2016

GC PLANNING COMMISSION

grovecityohio.gov/development

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

PROJECT / PROPERTY INFORMATIONPROJECT NAME: MOUNT CARMEL GROVE CITY MEDICAL CENTERPROJECT LOCATION: 5300 NORTH MEADOWS DRIVE

STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-004960-00ACREAGE AFFECTED BY THIS APPLICATION: 75.388EXISTING ZONING: M-1EXISTING LAND USE: VACANT (FORMER GOLF COURSE)PROPOSED ZONING: N/APROPOSED LAND USE: HOSPITAL**PROPERTY OWNER INFORMATION**

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

MOUNT CARMEL HEALTH SYSTEMS 6150 E BROAD STREET, 3RD FLOOR COLUMBUS, OH 43213

Name

Address

City, State, Zip

(614) 546-4000

(614) 546-4586

clagana@mchs.com

Phone

Fax

Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.

CHRIS LAGANA Owner's Representative for Planning, Design & Construction MOUNT CARMEL HEALTH SYSTEMS

Name

Title

Company / Organization

6150 E BROAD STREET, 3RD FLOORCOLUMBUSOH 43213

Address

City

State, Zip

(614) 546-4595

(614) 546-4586

clagana@mchs.com

Phone

Fax

Email

AUTHORIZED REPRESENTATIVECheck box if same as Applicant: ☐

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant or related parties.

CURTIS PRILL PROJECT ENGINEER EMH&T, INC

Name

Title

Company / Organization

5500 NEW ALBANY ROADCOLUMBUSOH 43054

Address

City

State, Zip

(614) 775-4417

(614) 775-4800

cprill@emht.com

Phone

Fax

Email

CIVIL ENGINEER

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

SUBMITTAL REQUIREMENTSInstructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The Engineering Review Fee is calculated in accordance with the City's [Fee Recovery Policy](#). The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Fee Calculation		Submittal Items	(check box)
Application Fee:	\$ 300.00	Completed Application (signed and notarized):	<input checked="" type="checkbox"/>
Engineering Review Fee:	+ \$ 500.00	Submittal Fee (including engineer review fee):	<input checked="" type="checkbox"/>
Total Submittal Fee:	= \$ 800.00	Ten (10) copies of plans (folded and collated):	<input checked="" type="checkbox"/>

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I ROGER SPOEIMAN, the current property owner hereby authorize the applicant CHRIS LAGANA to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

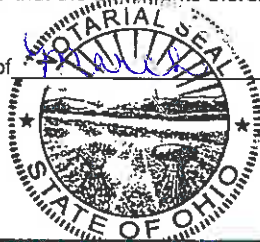
Signature of Current Property Owner: [Signature] Date: 3/11/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 11th day of March, 2016.

Katherine J. Nickoli
Official Seal and Signature of Notary Public



Katherine J. Nickoli
Notary Public, State of Ohio
My Commission Expires 10-19-2018

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I _____, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: _____ Date: _____

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public

FOR OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:	CITY'S REVIEW ENGINEER:	

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I _____, the current property owner hereby authorize the applicant _____ to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: _____ Date: _____

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I CURTIS PRILL, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: Curtis Prill Date: 3/11/2016

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 11 day of March

Tracy Lynn Foltz
Official Seal and Signature of Notary Public



TRACY LYNN FOLTZ
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
August 19, 2019

FOR OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	PAYMENT AMOUNT
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER
PROJECT ID NUMBER:	CITY'S REVIEW ENGINEER:	